

**MINFORD LOCAL SCHOOL DISTRICT
HOME INSTRUCTION REPORT**

Date Submitted: _____

Teacher's Name: _____

Student's Name: _____

Type of Handicap: _____

Dates of Home Instruction: From _____ To _____

Total Hours Taught for this Pay Period: _____

Home Instruction Teacher's Signature _____

TO BE FILLED IN BY TREASURER:

Rate per hour: _____

Total cost of service: _____

001-1100-112

_____ Days _____ Weeks